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PRINTED: 07/09/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2891HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/09/2009
NAME OF PROVIDER OR SUPPLIER AQUARIAS GROUP CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 421 BALENTINE WAY RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on July 9, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was zero. Two employee files were reviewed.</p> <p>The following deficiencies were found:</p>	H 000			
H 010	<p>Director Duties-Post License</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 1. Post the license to operate the home in a conspicuous place within the home.</p> <p>This Regulation is not met as evidenced by: Based on observation on 7/9/2009, the director failed to post the license to operate the home in a conspicuous place within the home.</p>	H 010	<p>H 010 a) The license to operate has been located and posted in a conspicuous place within the home. b) The owner/operator will ensure that all documents are updated and necessary licenses posted within the facility. c) 7/22/2009</p>		
H 030	<p>Safety&Sanitation-Home Clean; Hazard Free</p> <p>NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 1. The interior and exterior of a home must be clean and free of hazards and offensive odors.</p>	H 030			

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AND CERTIFICATION
CARSON CITY, NEVADA

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
ADMINISTRATOR

(X6) DATE

Bureau of Health Care Quality & Compliance

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H 030	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 7/09/2009, the interior and exterior of the home was not clean and free of hazards and offensive odors. The stove and vent system were covered with greasy brown substance.	H 030	H 030 a) The stove and vent systems were thoroughly cleaned and disinfected. Furthermore, the entire facility underwent extensive cleaning and rearrangement to free from hazards and remove any offensive odors. b) The owner/operator will conduct this same level of sanitation on a regular basis thus ensuring the proper cleanliness in the facility. c) 7/22/2009	of WBL	

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If continuation sheet 2 of 2